

Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the October 14, 2008, meeting of the Pharmacy and Therapeutics Advisory Committee

Item	Options for Consideration
Pulmonary Hypertension Agents	<ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least one agent should be preferred. 2. Sildenafil will be subject to prior authorization criteria to ensure it is being used for PPH. 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 4. For any agent not selected as preferred, DMS to allow continuation of therapy if there is a paid claim in the past 90 day. 5. For any new chemical entity in the Oral Agents for Pulmonary Hypertension class, require a PA until reviewed by the P&T Advisory Committee.
Ophthalmic Macrolides	<ol style="list-style-type: none"> 1. Break the Ophthalmic Macrolides out into its own PDL category. 2. DMS to select preferred agent (s) based upon economic evaluation; however, at least one ophthalmic macrolide should be preferred. 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 4. For any new chemical entity in the Ophthalmic Macrolide class, require a PA until reviewed by the P&T Advisory Committee.
Oral 5-ASA Derivatives	<ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least two unique chemical entities should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the 5-ASA Derivatives, Oral Preparations class, require a PA and until reviewed by the P&T Advisory Committee.
Low Potency Statins	<ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least two statins should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the statin class, require a PA and appropriate quantity limit until reviewed by the P&T Advisory Committee.
Nitroimidazoles	<ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least one nitroimidazole should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the nitroimidazole class, require a PA until reviewed by the P&T Advisory Committee.
Revatio® Clinical Criteria	Revatio™ will be authorized for the treatment of Primary Pulmonary Hypertension ONLY .
Flector® Clinical Criteria	<p>Flector™ will be approved if one of the follow criteria is met:</p> <ul style="list-style-type: none"> • Inability to swallow/tolerate PO medications. • Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs